

1 of 2

PTO/SB/07 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032  
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<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number <div style="font-size: 1.2em;">10825611</div>		Filing Date <div style="font-size: 1.2em;">04/16/09</div>	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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# CLAIMS ONLY

SERIAL NO.

10/825611

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			1			
TOTAL DEP.			49			
TOTAL CLAIMS			50			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			0			
TOTAL DEP.			26			
TOTAL CLAIMS			26			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS